MCG Today

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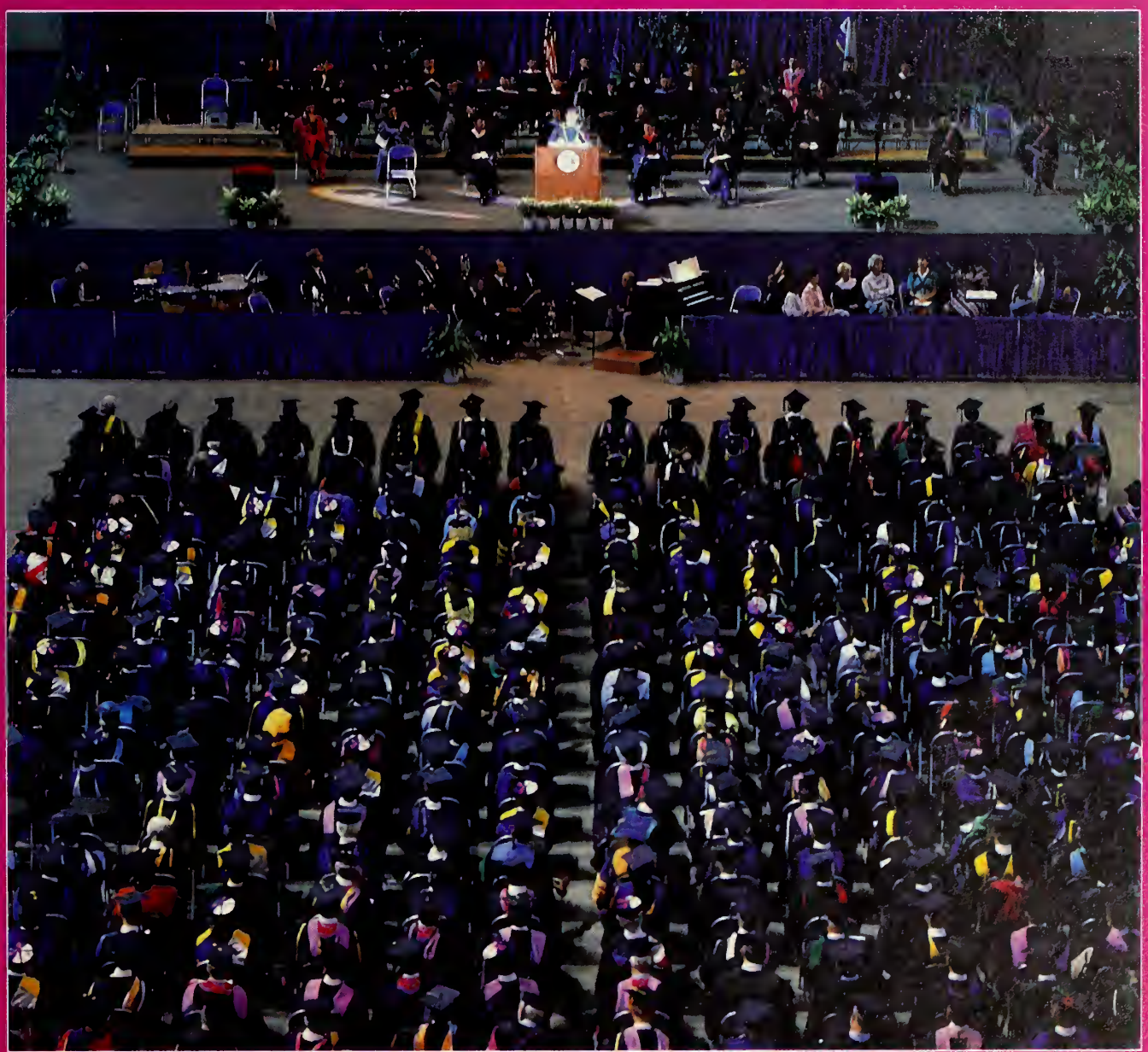

THE STEINFELD INAUGURATION

THE COLOR AND EXCITEMENT

BEHIND THE LINES

"The legislators present for the Inauguration were very impressed by President Jesse L. Steinfeld. They sensed his leadership ability and enjoyed hearing about the significance of his past accomplishments.

"His decision to come to the Medical College of Georgia has created an element of excitement. His presence demonstrates the potential of the Medical College of Georgia. . ."

This letter from Tom Daniel, who is legislative liaison for the Board of Regents, is representative of the greetings and congratulations of so many we have received following the inauguration. That "element of excitement" is felt by everyone on campus as we look forward to the results of the long-range plan and work to obtain our goals.

If you were unable to attend the inauguration, this issue will give you a taste of the excitement you missed. The Inauguration Committee expresses appreciation to all who attended.

Also in this issue are articles around the theme of service to the people of Georgia. These are only a few of the services performed by caring people at MCG. It's the faculty member or student who works with parents to prevent serious accidents in the home. It's also the dental student visiting nursing homes to provide special care for the elderly.

Always active in medical research, MCG is taking steps to become a leader in this field. See "Research Update" for a report on the never-ending battle to conquer arthritic pain, glaucoma and cancer, as well as some futuristic tools used in this battle.

Thanks and appreciation to everyone at MCG who helped to make the inauguration a successful event. Special thanks go to those who served on the Inauguration Committee.

Members of the Inauguration Steering Committee are: Jim Austin, Chairman, Institutional Relations; Nancy Prendergast, Occupational Therapy; J. Graham Smith Jr., Acting Vice-President, Development; Alex Vaughn, Institutional Relations; Wallace Edwards, Dentistry; Ann Sutherland, Institutional Relations; Robert Wilson, Institutional Relations; Virginia Zachert (retired), Obstetrics and Gynecology.

Members of the Inauguration Committee are: Mary Jo Carter, Infectious Diseases; Bruce Morgan, Public Safety; Ronald Bell, School of Dentistry; James Puryear, Student Affairs; Bill Conkright, Health Communications; Jean Morse, Educational Research and Development; Linda Ellis, School of Nursing; Clay Adamson Jr., Physical Plant; Octavia Garlington, Medical Illustration; James O'Conner, Endocrinology; Joe Griffin Jr., Medicine — Gastroenterology; Mark Jones, Student Government Association; Jean Hickey, Faculty Wives Club; Helen Baisden, Faculty Wives Club.

JCA

MCG Today

Vol. 13, No. 4, USPS 867340

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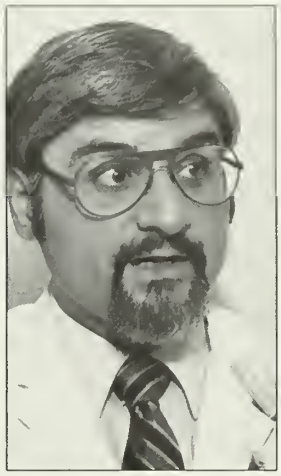

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Dr. Goldman is assisted by Jim Skelton

Shell-shocked tortoise receives help

Margaret, a recent visitor to the MCG School of Dentistry, was not Dr. Barry Goldman's typical dental patient. Her characteristics included a greenish skin tint, sluggish activity, four legs, and worst of all, a bad case of shell shock.

This recent "patient" was an 80- to 100-year-old endangered species turtle who had been run over by a car, then rescued and brought to MCG's Dental School for some shell repair work before being set free again.

Dr. Barry Goldman, professor of prosthodontics, scheduled Margaret for "surgery" in the prosthodontics lab, where her arrival caused quite a stir.

The end result? A shell that was functional once again and a tortoise that could be returned to her natural habitat near Savannah. All of which proves that there is nothing slow about MCG's Dental School when it comes to turtles.

MCG Foundation names four new members

James H. Hamilton Jr. of Augusta, Dr. H. Gordon Davis of Sylvester, Dr. Robert Matthew of Albany and Dr. Jerry Purvis of Valdosta have been named to the board of directors of the Medical College of Georgia Foundation, Inc.

Hamilton is president of the Citizens and Southern National Bank of Augusta. He is also a member of MCG's President's Advisory Council. A graduate of the University of Georgia, he has attended graduate management and banking programs at Harvard and Northwestern University.

Davis, a graduate of MCG, is a member of the Georgia Board of Human Resources and has been active in county, district and state medical societies. He has been president of the Worth County Medical Society six times, president of the second district medical society, and president of the Georgia Academy of Family Physicians.

Matthew is a graduate of MCG. He served his internship at U.S. Army Oliver General Hospital and his residency in anesthesiology at University Hospital. A former president of the MCG School of Medicine Alumni Association, Matthew is a past vice-president of the Dougherty County Medical Society and is a diplomate of the American Board of Anesthesiology.

Matthew was previously an assistant clinical professor at MCG and currently is a senior partner with Albany Anesthesia Associates.

Purvis is a practicing physician in general and vascular surgery in Valdosta, Ga.

A native of Adel, Ga., Purvis attended Mercer University in Macon before continuing his education at MCG. After graduating from MCG in 1960, Purvis interned at Duval Medical Center in Jacksonville, Fla. He served as a Captain in the Air Force at Moody Air Force Base in Valdosta and continued his professional career in general and vascular surgery at Tampa General Hospital in Tampa, Fla. He served his residency at MCG.

Purvis is a member of both the South Georgia Medical Association and the Southeast Surgical Society.

CAMPUS NEWS

MCG offers hope for epileptics

"I love life again. I have a job. I am a different person."

Carole Davis: Wife, mother, housewife, librarian.

Her testimonial was similar to others given:

"I'm back in college now, majoring in computer science. . ."

"I got married in June. . ."

"I can get out and do as I like, like that dog you've had chained up for years and you just unhook the leash."

The stories were told at a reunion of men and women who all had come from a life controlled by epileptic seizures to one seizure-free, or for some, almost seizure-free. There was even a child, 6-year-old Samantha Nicholson of Atlanta, who in June joined the others in reaching their new beginnings via an unusual surgical procedure in which the portion of the brain causing their seizures was removed.

They were among 71 epilepsy victims who have had the surgery at MCG, one of fewer than a half dozen medical centers in the country where epilepsy surgery is performed.

Headed by Dr. Don King, the MCG program is in its third year. Neurologists working with Dr. King are Drs. Brian Gallagher and Elson So. The neurosurgeon on the team is Dr. Herman Flanigin.

Regents appoint vice-presidents and chairman

Two acting vice-presidents at MCG were appointed vice-presidents and a new chairman was named in the department of physical therapy by the Board of Regents of the University System of Georgia.

Alan Campbell, acting vice-president for business and finance, was named vice-president for business and finance. Dr. Francis Tedesco, acting vice-president for clinical activities, was named vice-president for clinical activities.

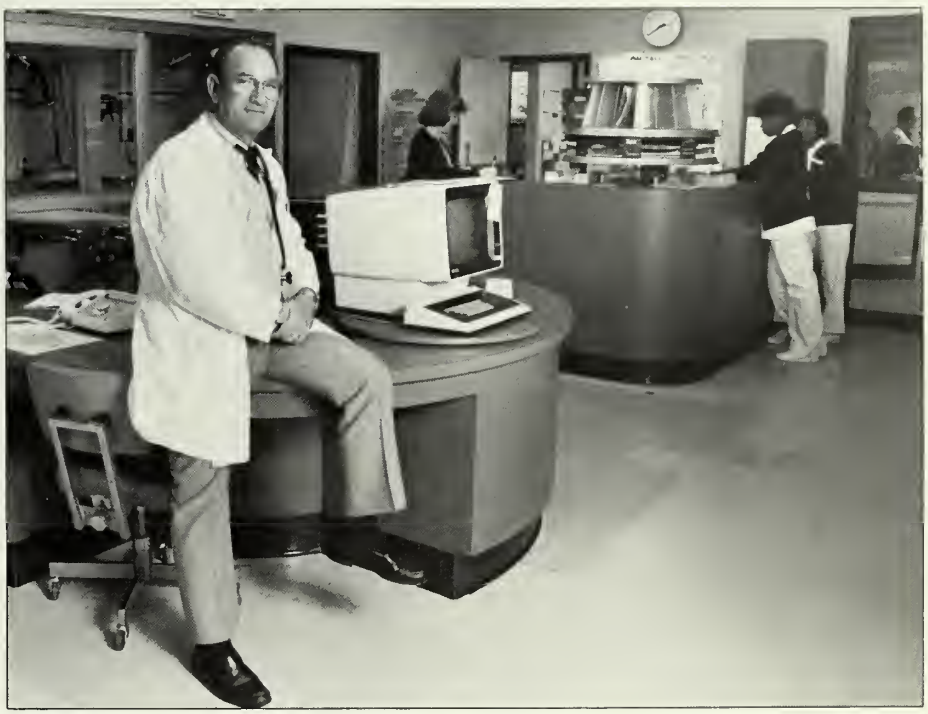
Jan Perry was named chairman of the department of physical therapy. She replaces Dr. Bella May in that capacity.

Commenting on the vice-presidential appointments, President Jesse L. Steinfeld says, "Alan Campbell has, throughout his many years at MCG, been a most capable business manager and fiscal officer. His advice and skill in managing the fiscal resources of the institution have greatly assisted in achieving our program goals and objectives. Dr. Tedesco is a strong and effective advocate for clinical excellence. He has been assigned a key role in the continuing development of MCG as a major referral center."

Campbell received a bachelor's degree in accounting from the University of South Carolina. Previous to his appointment as vice-president, he served as comptroller at MCG.

Tedesco is an M.D. graduate of the St. Louis University School of Medicine who came to MCG in 1978. He also serves as chief of the section of gastroenterology.

Perry has a master's degree from the University of North Carolina at Chapel Hill and came to MCG in 1978.



Renovation complete, says Dr. Ward, Medical Director for Emergency Services.

Emergency room renovated

The $100,000 renovation of MCG Hospital's emergency room has been completed.

The renovation was designed to increase efficiency and provide additional beds for monitoring patients, according to Dr. Daniel F. Ward, medical director for Emergency Services.

He explains that the three-bed observation room is designed for patients being monitored for possible hospitalization. Previously, such patients were kept in treatment rooms, occupying beds that otherwise could be used for patients with minor emergencies.

"The additional beds should help reduce the waiting time which sometimes has been experienced by patients with minor injuries," Ward says.

Also provided in the newly-renovated Emergency Services section is an isolation room which can be monitored from the central section and a new patient registration and billing area and waiting area.

CAMPUS NEWS

Prendergast heads Academic Council

Dr. Nancy Prendergast, professor and chairman of the department of occupational therapy, has been named chairman of the MCG Faculty Academic Council. She replaces Dr. Wallace Edwards who was named associate dean for academic affairs in the School of Dentistry.

She wants the Academic Council to continue most of the projects already underway such as involving more faculty in faculty governance. "According to Regents policy, the faculty is responsible for everything having to do with students including graduation and educational policies," she says. "Other council projects, such as the patent and copyright policies and faculty research ethics, were to the point of being finished."

Prendergast wants to put into practice some of the ideas proposed at a recent Executive Council retreat. These include involving more faculty in alumni affairs and in establishing protocol for special events such as graduation and inauguration. She also would like to see the faculty give strong support to the MCG Long-range Plan.

She explains that the Academic Council has proportional representation from all schools and is charged with keeping statutes of the institution up-to-date, updating the faculty manual, recognizing new faculty and retirees in a general assembly, and giving outstanding faculty awards.

Nancy Prendergast

New systems aim for efficiency

Two new systems aimed at increasing efficiency and patient service are being implemented at MCG Hospital and Clinics.

One is an improved scheduling system for inpatient services and the other is discharge planning.

The scheduling system will include tests and diagnostic and therapy procedures.

"The goal will be to make each day more productive as we provide high-quality, efficient service," says Dr. Francis Tedesco, vice-president for clinical activities.

In the new system, schedules for each patient will be kept by unit clerks. After a procedure is ordered by a physician, it will be arranged with the provider and marked on the schedule.

"This should help everyone all around," says Duane Hoverkamp of the Department of Management Engineering. "For service providers it will mean that patients will be available for therapy and tests at a particular time.

"This should help eliminate long waits by patients for tests and waits by the service providers for patients."

Hoverkamp says efficient use of a patient's time while hospitalized should result in a reduction of the length of his hospitalization. "This could play an important part in reducing the cost of health care."

Discharge planning also could lead to a reduction in the length of a patient's stay in the hospital, according to Ron Robinson, administrative resident.

Support group formed

"Growing Through Change," a support group for men and women recently separated from intimate relationships, has been organized by two MCG School of Nursing faculty members.

Instructors Lou Gramling and Patricia Wallace, both mental health clinical nurse specialists and registered nurses, lead the group and provide problem-solving techniques and coping strategies, and facilitate peer support.

"This is a support group and not a social or therapy group," says Gramling. "It's for anyone who has had difficulty dealing with the changes associated with separations from relationships such as marriage, engagements or living together."

CAMPUS NEWS

Patricia Seaman with A.R. Johnson High School students Shirl White and Tommy Allred.

MCG adopts school

This is the year of Partnerships in Education.

One of the offsprings of this is the Adopt-a-School Program, designed to enhance the student learning experience through partnerships between individual schools and community organizations.

MCG has adopted A. R. Johnson, the local health sciences high school. The institution has already hosted clinical learning experiences for students in the Ambulatory Care Department. Patricia Seaman, director for Ambulatory Care Nursing, assists in curriculum development for the high school.

Hospital umbrella name approved

MCG is developing new signs, stationery, billing forms and other printed materials using the overall title of "Medical College of Georgia Hospital and Clinics" to identify the clinical components of the institution.

Official approval for the new designation, "Medical College of Georgia Hospital and Clinics" was given by University System of Georgia Chancellor Vernon Crawford.

According to Dr. Jesse L. Steinfeld, MCG president, the new term will make it easier for patients, specifically those from out of town, to identify the hospital or particular clinic as part of the medical complex.

Respiratory Therapy students winners in bowl competition

Respiratory Therapy students at the Medical College of Georgia are last year's winners of the Georgia Society of Respiratory Therapy Sputum Bowl Competition, beating the MCG faculty team in the final exciting round. They also won first place in the exhibit competition at the 1984 School of Allied Health Sciences Allied Health Day.

Dental team uses implant methods

There is good news for people who have lost their natural teeth and have difficulty using complete dentures.

Dentists at the MCG School of Dentistry have formed a treatment team which will utilize current technology to place implants into the jawbone. These devices are similar to the roots of natural teeth and serve to support complete dentures firmly for better chewing and more comfort. They also are similar to natural teeth in the personal cleansing procedures required to keep the gums and bony support healthy.

Several types of implants are cur-

rently available and there is a need to collect data on their success rates, reasons for success or failure, and what maintenance procedures are most helpful and effective.

While implant treatments are not for everyone, they do offer very hopeful options to many people whose natural teeth need to be replaced.

Potential patients interested should call (404)828-2554 for an evaluation/explanation appointment with Dr. Barry Goldman and Dr. Greg Parr.

Nursing graduates join hospital staff

Fifty-eight new nursing school graduates have joined the ranks of registered nurses at MCG Hospital, leaving only 20 vacancies in the hospital's 343 registered nurse positions, according to Kitty Beveridge, acting recruiter for the hospital's department of nursing.

"The nursing shortage of past years is over, and it lasted only a short time," she says.

She says that at least half of the new nurses are from out of state.

"Nursing jobs are not available in the Northern states," she says. "I've been told that graduate nurses won't even be granted interviews."

Taking the jobs instead are older, experienced nurses getting back into the field because of the need for two incomes in a family, or in some cases, one income when the husband is out of work. Also, she says there is an abundance of nursing schools in the Northern states.

Patients enjoy hospital garden

Registered nurse Pat Holley has brought her garden to town.

Holley, who works in the adult psychiatry unit at MCG Hospital and lives in Beech Island, S. C., has transformed the 3-South patio into a flourishing garden spot with the help of patients from the unit.

"The garden provides patients with a sense of worth and feeling of accomplishment," says Holley, a senior staff nurse.

The garden consists of a multitude of flowers — marigolds, zinnias, petunias and ferns — and a variety of vegetables, including tomatoes, squash, bell peppers and cucumbers. There's even a cotton plant in bloom. "The patients have really taken an interest in seeing how the cotton plant grows," says Holley.

The patients, rather than the hospital staff members, are mostly involved with this "pilot project" which began in April, 1984. "Patients who are no longer here come back to check on the garden's progress," says Holley.

Three-South is an open unit, which means that patients have voluntarily sought treatment. "We teach patients how to cope with their problems, and getting outside and having a garden as a hobby is a good way to cope with stress," says Holley.

Pat Holley

CAMPUS NEWS *continued on page 30.*

PREVENTING CHILDHOOD ACCIDENTS

A TEAM APPROACH

BY JULIA THORNTON WILSON

When a child is brought to the emergency room to be treated for insecticide poisoning, there is usually more to the story than his symptoms indicate. Underlying factors may be just as important and real as the child's ingestion of the toxin.

By taking into account such hidden elements as the child's home environment, his past pediatric history, and the human nature involved in parents telling the doctor or nurse what really happened, health care professionals are better able to deal with the situation and prevent it from happening again.

This is the type of problem-solving being taught in a class at the Medical College of Georgia.

At first glance, the course "Childhood Injury — An Interdisciplinary Perspective" seems fairly straightforward. A description in the syllabus states: "Students from both medicine and nursing will work together during a seven-week period in settings that provide child health care supervision and with families that have children. Course content focuses on the major threats to a child's health and the shared physician/nurse role in educating parents on how to prevent them."

On second look, five words in the description seem to stand out: the phrase "shared physician/nurse role,"

Each discipline (nursing and medicine) felt that the other discipline misunderstood and lacked respect for them and their roles.

"I think the more you know about other disciplines, the more you can appreciate their talents, skills and knowledge base."

and the word "prevent."

"Preventive medicine is where we should be," says Dr. William Weston III, professor of pediatrics at MCG. He and Dr. Marion Broome, assistant professor of Parent-Child Nursing, designed the curriculum and taught the interdisciplinary course this past spring to senior nursing students and freshman medical students. Clinical faculty for the course included Augusta pediatricians Dr. George Echols and Dr. Tracy Middlebrooks.

The topic of childhood injury was a natural, according to Broome, because accidents are the leading cause of death for children ages one to 14. Approximately fifty percent of poisoning victims will be back in the emergency room within a year, she said. "There is an emphasis on wellness in both (the nursing and medicine) disciplines, but we needed much more emphasis on prevention."

Students have one chance to fit this course into their educational schedules; senior nursing students may be assigned to it during their practicum, and freshman medical students may choose to take it as a spring elective.

The course format is varied, and offers a break in routine for the book-laden medical students and the soon-to-graduate nursing students. After a series of lecture/discussions on such topics as head trauma, childhood poisoning, CPR for children and infant car seat use, the class is divided into teams of one medical and one nursing student.

Each team spends one afternoon in a pediatric emergency room, one afternoon in an area pediatrician's office, and two afternoons visiting families at home. This clinical segment of the course is augmented with weekly meetings where the whole class gets together to compare notes and discuss findings.

One of the best things about the course is that it exposes students early in their careers to patients and to role models who teach at MCG, Weston says.

"We weren't quite sure what we were getting into, getting away from books and memorizing," says Lawrence Nathan, one medical student who took the course last spring.

"The course has been a chance to get a better view of pediatrics," says Nancy Smith, Nathan's team partner.

The afternoon spent in the emergency room offers a chance to observe patients as they receive care and to speculate about the role prevention should play. Students are urged to learn how to deal with the emotional components and human nature of a particular problem.

With poisonings, for instance, one parent may mistakenly imagine that their child has swallowed a whole bottle of aspirin, even though the bottle contained only three, while another parent may try to deny that their child could have swallowed anything, despite the classic symptoms being exhibited. It's usually up to the doctor or nurse to try to obtain the most accurate information possible.

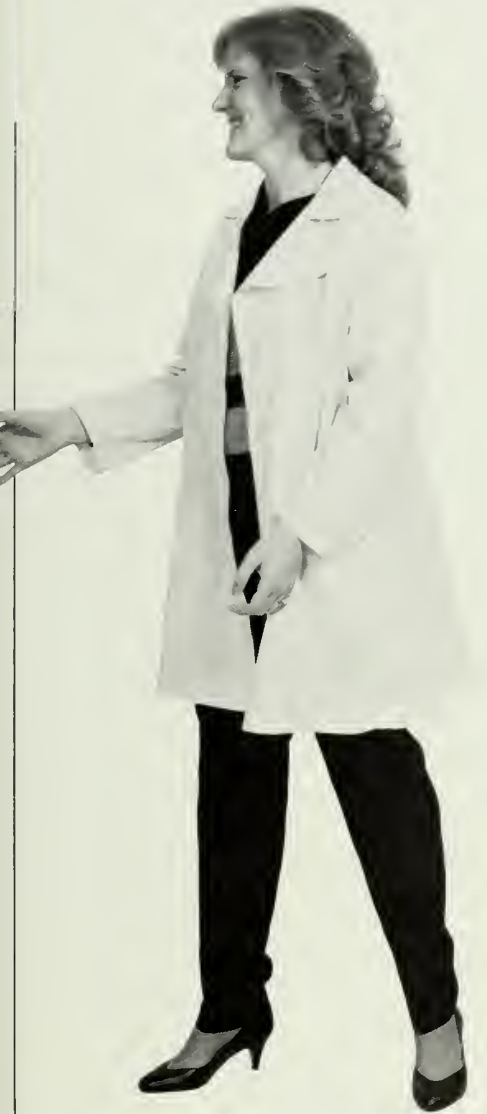
At the pediatrician's office, students observe the interaction between patient and health care professional, and get direct exposure to an important concept in pediatrics: that of anticipatory guidance.

According to Broome, this concept means thinking ahead with a child's parents about what developmental stage the child will be going into. Parents need to hear an explanation of upcoming events in their child's growth, she says, and anticipatory guidance is a way to help them handle future problems.

If a child is approaching the six-month to one-year mark, for example, it can be helpful to let the parent know what's in store, including the increasing risks for such injuries as poisonings, burns and falls. One important part of anticipatory guidance is that parents are encouraged to ask questions and participate in parent/pediatrician discussions. Basically, it's getting parents involved in their child's health care, Weston summarizes.

Likewise, the two home visits serve

"It helps to try to bridge the gap. Everyone has an important role to play."



to emphasize the importance of family involvement by offering the student teams an inside view of the child's home environment.

"This was the first time I'd had that type of exposure," says Nathan. "I think it's very important."

During the first visit, the medicine/nursing team talks with the family and offers information on childhood injury. While making the second home visit, the team completes an Injury Risk Assessment questionnaire and counsels the family on how to reduce their child's risk of injury.

Negative factors include medicines and/or poisonous substances being left in reach of children, play equipment in poor condition, and electrical cords being left to dangle over the edge of a counter. Positive factors would be locks on cabinets containing harmful substances, the presence of syrup of Ipecac in the home, and the poison control number available near the phone.

The families were "a lot more receptive than you would think," says Smith. ("There's often) a big fear that people won't respond."

Nathan believes the families "need to know there are people out there to help." He says the home visit is something that can't be taught in the classroom. He and Smith recommend it as a way of getting more exposure to patients' backgrounds and environments. "Eighty percent of practice is educating people," he says, "curing and treatment are only a minor part."

Throughout the entire course, the weekly discussions gave the teams a chance to talk about their experiences and offer comments and suggestions to each other. Interestingly enough, one issue seemed to generate as much debate as the childhood injury topic. Because of the interdisciplinary nature of the course, medical and nursing students began to explore their perceptions of each others' roles in the delivery of health care.

"Students (from different disciplines) never get to work together in an educational team format," says Broome, "so they were excited about doing this." One of the first revelations during the discussions was that there was a two-sided problem to be faced: Each discipline felt that the other discipline misunderstood and lacked respect for them and their roles.

"We (nursing and medicine) had a lot of misconceptions about each other," says Smith, which is "not a good way to start off anything."

"In the end, though, medical students were surprised at how comfortable the nurses were in the home visit setting, while the nursing students were amazed at the in-depth science knowledge the medical students possessed," says Broome. "I think the more you know about other disciplines, the more you can appreciate their talents, skills and knowledge base."

"It helps to try to bridge the gap," says Nathan. "Everyone has an important role to play. I've learned you can't compare medical and nursing students. Just respect what each other knows."

Weston, who first became interested in the interdisciplinary approach to education during the 1960s, says, "We've tried to look at attitudes to see how role models were affecting relationships. After students graduate, they get into work situations that may be tough. That's when they pick up attitudes (about other health care professionals/disciplines). Our main focus has been to work together" to prevent development of attitudes that can be detrimental.

While Weston and Broome don't foresee many changes in the course for next year, they would like to see it expanded to include more students, faculty members and area physicians.

In addition to expanding the childhood injury elective, Weston would like to see other courses started with an interdisciplinary focus.

"I think it's a good experience," he says. "It exposes students to the art as well as the technical part of medicine." ■

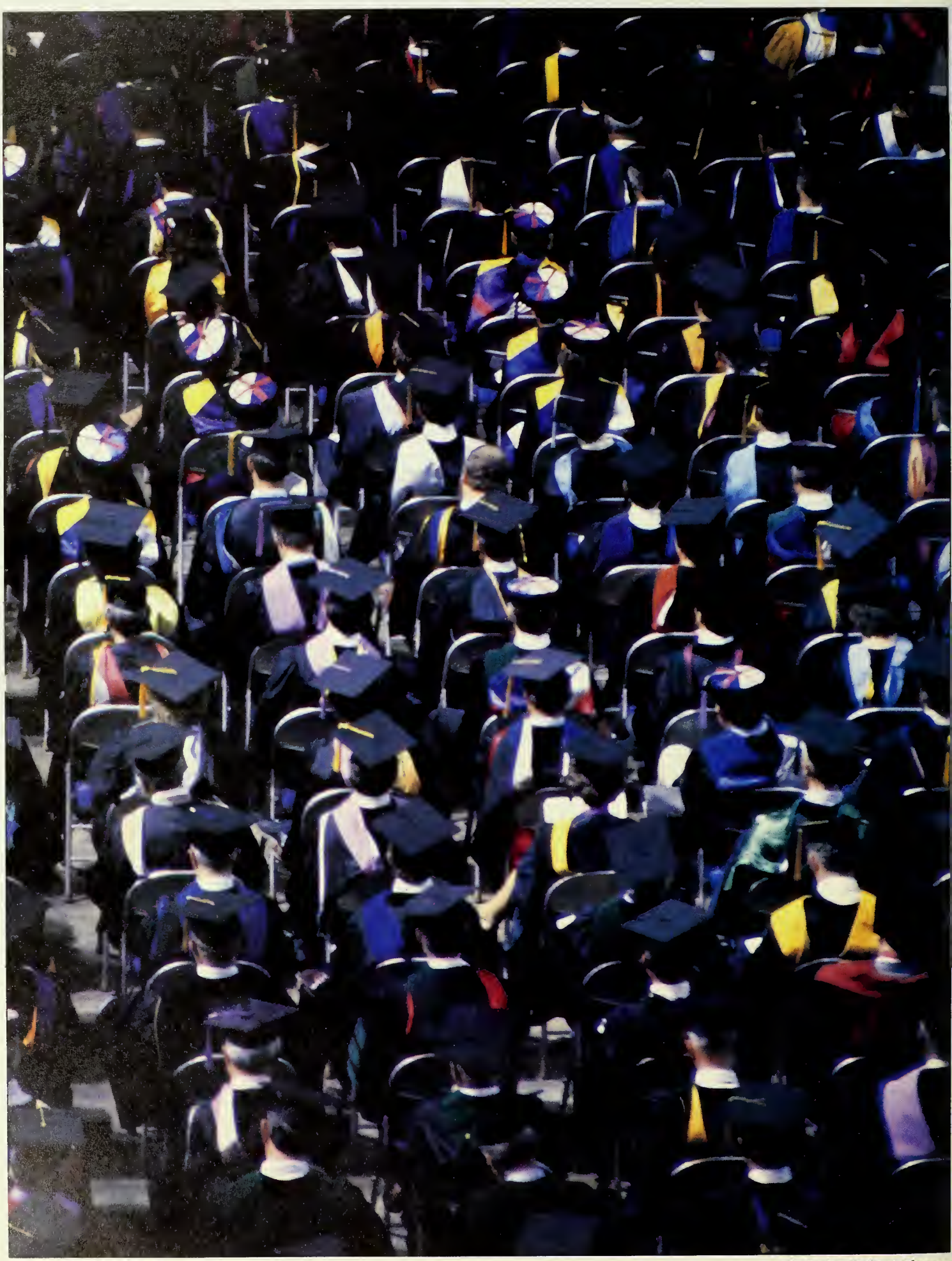


photo by Robert Shaver

THE STEINFELD INAUGURATION

THE COLOR AND EXCITEMENT

Jesse L. Steinfeld was inaugurated as fifth president of the Medical College of Georgia on September 18, 1984 with all the pageantry and ceremony one would expect of a 156-year-old institution, responsible for the medical education of eight generations of Georgians.

It was obvious that faculty, staff and alumni had gone to great lengths to welcome their new president and "showcase" his talents.

The ultra-modern decor of the Augusta Civic Center seemed an odd backdrop for university rituals and symbols — such as the mace — which originated in the Middle Ages. Borne by Dr. Virginia Zachert at the front of the procession, the University Mace was newly created for use in this inauguration. During the Middle Ages maces were used for breaking armor but now are used principally in universities as a symbol of the authority of the president. Even the tradition of the brilliantly colored hoods of the delegates originated in the Middle Ages.

A concert of classical music by the Augusta Symphony set the tone for the ceremony which began with the procession of delegates from 117 colleges all across the country. The delegates came to convey their respects and congratulations to the new president. They were followed by representatives of learned societies, MCG faculty and the Presidential party, with each group being led by a marshal.

Since each delegate was seated according to the date of institutional charter, the delegate from Harvard (founded 1636) was first in his brilliant pink regalia. The youngest college represented was Morehouse School of Medicine in Atlanta, founded in 1975.

Dr. Harold I. Nemuth from Virginia Commonwealth University, a family friend and former patient of Dr. Steinfeld's, led the invocation and benediction. MCG's own Dr. Thomas A. Huff led the audience in singing the national anthem and "God of Our Fathers". After greetings to the president by representatives of the community, students, faculty, alumni and Board of Regents, Governor Joe Frank Harris delivered his address.

The Governor congratulated MCG for training half of the 8,000 practicing physicians in the state. He also noted that 85 percent of the graduates of the dental school practice in Georgia and 3,000 graduates of the nursing school are working in Georgia.

Then came the big moment — the actual investiture of the president. Chancellor Vernon Crawford presented the charge to a very somber Dr. Steinfeld. The president bowed his head slightly as Chancellor Crawford placed the Presidential Medallion and Chain of Office upon his shoulders, heavy with the weight of responsibility they conveyed. Not only does the president direct the education of thousands of students, he commands a multimillion dollar budget and deals with government officials, board members, staff and faculty. Direction of a 520-bed teaching hospital, patients and medical staff along with marketing problems and new government regulations make the weight even heavier on a new president's shoulders.

The inauguration events ended on a festive note with a reception and the Inaugural Ball that evening.

Special belles of the Ball were Mrs. Gen Steinfeld and the Steinfeld's three daughters: Mary Beth, Jody and Susan. Mary Beth is a pediatrician practicing in Perry, Florida. Jody is Chief Librarian of the Children's Library, San Marino, California. Susan, the youngest daughter, is studying at the University of Georgia in Athens, and plans a career in law. ■

SCENES
INAUG

◀ President Steinfeld, Governor Harris and Chancellor Crawford have a last-minute conference.

◀ Inaugural luncheon provided by The Citizens & Southern National Bank, Augusta. James H. Hamilton Jr., presiding.

▼ The President escorts his ladies to the Ball: Jody (left), Gen, Susan and Mary Beth.

▼ James C. Austin, Chairman of the Inauguration Steering Committee, and Chancellor Vernon Crawford before the start of the convocation.

ÒM THE
ŁATION

Chancellor Vernon Crawford at the Inaugural Dinner. ▶

Speakers for the dinner included Chancellor Vernon Crawford, (speakers' table, third from left), and Sydney O. Smith Jr., Chairman, Board of Regents, (second from right). ▶

Reception before the dinner was hosted by Charles Presley, (left). Left to right is Dr. LaMar McGinnis Jr., President, MCG Foundation and wife, Julia McGinnis (foreground), Jean Smith and Dr. J. Graham Smith, acting vice president in charge of development and public relations. ▼

Board of Regents Chairman Smith speaks about the future of MCG. ▼

THE CHALLENGE

Dr. Steinfeld, distinguished members of the medical community and faculty of the Medical College of Georgia, honored guests, ladies and gentlemen:

It is indeed an honor and a privilege to be with you here today on this most momentous occasion — one that is important not only to the Medical College of Georgia; one that is important not only to Dr. Jesse Steinfeld; but one that is also important to the whole state of Georgia.

One of the benefits of being Governor of the state of Georgia is having the opportunity to visit a multitude of places — discovering and learning about our country and the world. There is one thing that has been continually reaffirmed to me as I travel and meet with leaders in government and industry: that is the sense of Georgia's greatness and its impressive potential for future greatness. Georgians have felt this throughout the state's history, and today, men and women of vision across the nation and around the world perceive this sense of greatness that is Georgia's. Our richness as a state lies in our people and in our potential for achievement.

Education, to a large extent, will determine whether or not we, the people, — individually and collectively — reach our full potential. This is the reason I have held as one of the highest priorities of my administration the strengthening — at all levels — of educational opportunities for Georgians. We have a good, sound educational system in Georgia, but it can be better. I am determined that it will be.

Our state system of higher education, the University System of Georgia, is a model of instruction frequently

studied by other states. We thank Chancellor Crawford, the members of the Board of Regents, and the former Regents — many of whom are here today — for this shining achievement.

But we have more work to do. Today's educational system in Georgia will not be adequate for tomorrow's students. We must set sound goals for the educational future of our state.

The Medical College of Georgia has played an important role in achieving these goals in the past, and will continue to do so in the future. From its inception in 1828 to its position today as a university-level institution in the University System of Georgia, MCG has trained generations of physicians and other health care professionals who have served the citizens of the state well.

This high priority on education has paid off handsomely for the people of Georgia. Roughly half of the 8,000 practicing physicians in the state were trained at the School of Medicine at MCG.

The School of Dentistry has also greatly enriched our state. Today 85 percent of the graduates of the dental school practice in Georgia. This is especially noteworthy when we consider that the dental school is relatively young — as of this year it has produced 11 graduating classes. Today, no Georgian is more than 30 minutes away from dental care.

The nursing shortage of which so much was written at the beginning of the decade has largely been diminished. The Medical College has played a significant role in reversing this shortage, enrolling around 450 students in the school of nursing each year. Today, there are over 3,000 graduates of the MCG nursing program in the state.

As the health sciences field expands due to the needs of the people and the new technology, the allied health fields take on more and more responsibility. Since the early 1950s, when a Master of Science in Medical Arts Degree was first awarded, the Medical College has been the state's leader in recognizing needs and initiating programs to meet those needs in such fields as Occupational Therapy, Nuclear Medicine and Medical Records.

Much of the change that has occurred in the health sciences is due to the investigations of researchers, both in the basic and clinical sciences. The history of Georgia has been blessed with the achievements of such pioneers: Crawford Long's discovery of the medical application of ether is just one example. Researchers at the Medical College have throughout the years added greatly to the body of knowledge used to ease human suffering with the work of such great individuals as Virgil Sydenstricker, William Hamilton and Raymond Ahlquist.

The need for such researchers is as great today as ever in the past. This institution is helping to ensure, through the guidance of the School of Graduate Studies, that the bright young minds of their students are molded into the thinking, reasoning, perceiving researchers so vital to the continued fight against the diseases that threaten mankind.

I am pleased that we now have in place the Georgia Research Consortium to assist in advanced technology research development at Georgia's public and private institutions of higher learning. MCG is represented on the Advisory Council to the Consortium which was established in May of last year to link and coordinate research and high technology projects of our colleges and universities in cooperative ventures with business and industry. A recent private study conducted for the Research Consortium indicates a tremendous potential for the biotechnology industry here in Georgia. We will be taking a close look at this study and will be working with the medical community in our state in order to identify a strategy to develop this potential to its fullest.

Through its faculty and graduates, the Medical College of Georgia weaves a net, a safety net if you will, for the health care of all Georgians. Graduates of the five schools at the Medical College are found in all areas of the state, providing health care to Georgians from all walks of life.

This has been the heritage of the Medical College since one of its founding fathers, Dr. Milton Antony, worked so long and hard to heal and comfort those suffering from a malaria epidemic, an endeavor that cost this brilliant Georgian his own life.

In addition to the work done throughout the state by the graduates of this institution, the Medical College Hospital and Clinics treat many more Georgians each year.

Over 15,000 Georgians were discharged from MCG Hospital last year and the outpatient clinics served more than 184,000 patients.

The care these people receive, both as inpatients and as outpatients, is of the highest quality. This is because of the dedication the hospital staff has to providing not only the best care possible to the citizens of our state, but because by doing so, they help mold the attitudes of the students they teach, who are the next generation of Georgia's physicians.

These students are the men and women who follow the leaders of the past. Our task is to see that they have the educational tools they need to continue the tradition of the fine graduates of the Medical College in using their skills to provide quality health care to Georgians.

To do this, the Medical College must continue to provide the faculty and students with the leadership that has so ably guided the institution in the past. On university campuses of this state, public and private, you can find many illustrious scholars and leaders: a former President of the United States — who is also a former Governor of the state of Georgia — , a former United States Secretary of State, and a former Surgeon General of the United States.

It is this last individual, Dr. Jesse L. Steinfeld, whom we honor here today.

Dr. Steinfeld is a man with a clear vision of an exciting future for the Medical College of Georgia. He brings with him more than three decades of experience in the medical teaching profession and for nearly all of those 30 years he has been a leader in the field of cancer research. His record is impeccable, and we are extremely proud and fortunate to have him here to lead MCG into a position among the leading medical colleges throughout the world.

Before I leave here today, I want Dr. Steinfeld, the distinguished faculty and students of the Medical College of Georgia, and all the citizens of the great state of Georgia to know that I share the vision that Dr. Steinfeld has for MCG and the future of medical education in Georgia. ■

THE ACCEPTANCE

Governor Harris, esteemed members of the Board of Regents, honorable members of the Georgia Legislature, Chancellor Crawford, my distinguished predecessor — Dr. Moretz, honored guests, members of the faculty, students, and friends:

It is with a great deal of humility that I stand before you, first to thank you for coming — in many cases coming from great distances — and second, to thank many of you for the help you have given me over the years, help that has enabled me to accept this honor today on behalf of the students, faculty, and staff of the Medical College of Georgia.

Chancellor Crawford, I welcome the challenge and am grateful for the opportunity to serve.

It is customary on these occasions to address the assembled guests. Just a few days ago a member of our faculty told me about the difficulty one of his children encountered, attempting to start school this year. It seems she was not quite five years old and the entrance age was an absolute five years. The mother insisted the child was advanced for her age. The principal was skeptical, fixed a stern eye on the child and said, "Express yourself in a few words." The child looked quizzically at the principal, then asked, "Totally irrelevant words or appropriate for this occasion?"

It is my hope that the words to follow will not be totally irrelevant, but will be responsive to the Chancellor's charge and to the medical and scientific challenges facing the

Medical College of Georgia, as well as to Georgians and society at large.

This afternoon I would like to touch upon two subjects: first, the ceremony and symbolism of the inauguration in which we participate; second, the new educational, clinical, and research challenges at the Medical College of Georgia and our proposed responses.

The academic ceremony in which we participate today grew out of a religious ceremony as universities evolved from medieval ecclesiastical orders, dedicated to preserving and transmitting the knowledge, wisdom, and beliefs of the church in the western world. The academic regalia which we wear today similarly evolved from ecclesiastical attire. Even a century ago the role of the college or the university was to transmit old knowledge or revealed truths rather than to discover new knowledge for the betterment of mankind. In fact, many colleges and universities a century ago were dedicated to stamping out new ideas and concepts believed to be heretical. It is a high compliment to the colleges and universities, particularly in the United States, that they have been able to blend the mission of the past, the transmitting of the accumulated knowledge of the ages, with the logical and scientific thought processes necessary for the critical examination of existing knowledge, as well as the development of new knowledge. Today's successful universities are those most responsive to society's pressing current and future needs. The reason for the development of the land grant and state colleges in the United States was a practical one: the U.S. needed to improve agriculture, veterinary practices, public health measures, industrial processes, communication, medicine, architecture, meteorology, engineering and many other practical disciplines.

Our colleges and universities have evolved slowly over the past century but the evolution since World War II has become a revolution. Colleges and universities are no longer ivory towers where professors live a life of genteel poverty and share the wisdom they have accumulated over thirty or forty years with eager youth, fresh out of secondary schools. Rather, the universities and, in our instance, health science universities, have transformed society such that our worldwide population will double in the second half of the twentieth century. Since 1900 in the United States, the death rate, especially in infants and children, has plummeted. The major causes of death are no longer the infectious diseases but rather diseases of life style. Technology, instrumentation, laboratory and imaging information, and effective potent drugs have totally altered inpatient and emergency room care. Emphasis in medical schools is less on the bedside manner of a physician than it is upon the high technology of the intensive care unit.

While our universities have transformed society not only medically, but equally or more importantly, from an agricultural through an industrial to a knowledge society (to use Peter Drucker's phrase), that society in turn has transformed our universities into large complex educational, research and service enterprises requiring managerial-governmental-societal interactions far, far removed from the ivory tower isolation of half a century ago. As all other health science schools, we have gloried in our past, while being totally immersed, even obsessed, with the present. In our rapidly changing society, if we do not plan constructively and intelligently to be in a position to meet society's needs, then instead of our controlling our destiny, society will change our structure and perhaps even our function in patient and community service, research and perhaps even education.

By its nature, research seeks new answers to both old and new questions. Single research scientists; groups of scientists from a single discipline; or multidisciplines or even groups from different countries composed of university, government and private industry scientists work together to seek solutions to important biomedical research problems.

In health care education and health care delivery, however, innovation and experimentation remain the exception rather than the rule. With our five health science schools, and our hospitals and clinics, the Medical College of Georgia has the opportunity, or rather MCG has the responsibility, to experiment in the educational and delivery processes, so that our graduates will know what graduates in other health disciplines are trained and competent to accomplish. Well-designed educational and delivery experiments are as much our responsibility as is research in the biomedical sciences. Our schools of medicine, dentistry, nursing, graduate studies and allied health have a significant opportunity to assume a leadership role in this unbelievably neglected area.

Fifteen years ago I remember well entering the empty office of the U.S. Surgeon General, expecting to find at least three sets of plans for the nation's future health: one set for a middle-of-the-road national administration, another for a liberal administration and a third for a conservative national administration. My naive view was that there was a general direction in which our national health agencies were and should be moving — with appropriate alternatives depending on the character and desires of each newly elected national administration. The shelves were bare. There were no plans. We began working on a series of alternative plans, one of which was published five to six years later during another administration after I left Washington. The published plan, however, was a single one — without alternatives — and was, if not discarded, at least ignored, by the next administration. In our complex society, we do need alternatives and we do need to plan, or we will overreact to each new situation and find ourselves with new additional problems rather than a solution to the old problem.

One of the most important planning activities that did not come to fruition was my repeated proposal in the late 1960s and early 1970s that the United States undertake a series of pilot experiments in the design and operation of health care delivery systems, both for the improvement of quality of care and for cost containment. There were and are multiple private enterprise health care programs (with varying governmental interrelationships) which should have, and by now, could have been tested in different parts of the United States on a sufficiently large scale to determine their merit, reproducibility, and cost effectiveness. This has not been done and we continue to make enormous, ever more costly national mistakes. I should add that this suggestion

was not only my personal belief, but resulted from conversations with the health leaders in every major industrialized nation in the world. These nations had health care systems with problems proportionately larger than our own problems at that time. The constant lament I heard was, "If only we could have tested our plan on a small scale before we made it a national entitlement." That lament remains etched in my consciousness and I regret that we as a nation have continued to make nationwide errors in our health programs. I see no more significant relief for our health care system from DRGs than I saw from RMPs, CHPs, HSAs, or HMOs, or any other combination of three letters that Congress has or can devise. Disruption rather than healing has been the national result of these untested but mandated nationwide programs.

In all of our activities at MCG we must genuinely reflect concern for the entire patient. Not only must we display concern for the patient in our clinical, teaching and research programs, and in our students', faculties' and administrations' attitudes, but our physical structures must be designed and organized for the convenience and well-being of the patient and his family rather than for the convenience of the physician, nurse and/or other health professionals. Most importantly, we must remember that the diseases of the past were generally the result of a contest between the patient and his natural environment. That is, between a patient and an infectious agent or a patient who lacked adequate nutrition. Today the struggle is between man and himself. The diseases of history were a result of natural pollution of the external environment; the diseases of today are more frequently self-generated and self-inflicted.

A healthy population is our most precious natural resource in Georgia and in the entire United States. New ideas, like some sins, are first abhorred then tolerated, and then, finally, embraced. We have accepted the idea that a healthy population is an absolute essential for society to be successful. We now tolerate the idea that health is also an individual responsibility. Yet, we abhor the idea that disease is largely the consequence of self-neglect or self-abuse. Accordingly, our strategy must be to include the requisite training and experience for our faculty and students so that they can create not just a better intensive care unit but an environment of health, and a healthier life style. To do this we must be role models. Our faculty should not smoke at all or drink to excess. We must have facilities available for students, faculty and other university personnel to engage in appropriate exercises. We must have attractive and nutritious foods in our cafeterias for our students, faculty and staff, and most importantly, for our patients. We must provide those foods which medical science believes are most appropriate to avoid cardiovascular diseases and certain cancers. Foods which were delicacies and eaten rarely in the distant past now represent everyday fare; the human body is not prepared to cope with hamburgers, French fries, and creamy milkshakes several times a day, just as it is not prepared to cope with the 6,000 chemicals in cigarette smoke inhaled over 400 times each day by a heavy cigarette smoker. Faculty cannot teach students to teach their patients to engage in a life style which the faculty and students themselves ignore and contradict in their everyday behavior.

Life style patterns are set during the formative years and influence not only longevity but the quality of life as well. It is well-known that health science professionals have the highest rate of suicide as well as the highest rate of drug and alcohol problems of all the learned professions. These patterns of behavior begin just before and/or during professional training. An appropriate total environment during the professional educational period, plus specialized training in the skills of coping with stress, would save the United States billions in cost, but more importantly, enhance the quality of life for many health professionals, their families, their patients and the local societies in which they live. Each year the country loses the equivalent of the graduating class of a large medical school as the result of suicide of young physicians.

As I summarize this first section, you may well wonder what relevance life style, role models, personal responsibility for health, and reshaping of our physical facilities for patient convenience rather than that of the health professional have to do with this inauguration ceremony. In times when illiteracy was rampant, the pomp and circumstance surrounding the investiture of an academic leader were designed to garb and cloak that individual with wisdom and knowledge and authority in intellectual and ethical matters, such that there would be no challenge to his pronouncements, decisions or judgements. The authority provided by these garments would last for the individual's lifetime (unless he espoused heretical concepts). Times have changed. The cap and gown and hood remain, but a persistently losing football team is sufficient cause for presidential removal. Poor fiscal management and inept interpersonal relationships with alumni, or faculty, or students, or higher authorities are similarly adequate cause for removal.

I assure you that I interpret this ceremony not as investing me with superior wisdom or power, but rather with the opportunity and challenge to work ever more diligently with colleagues, students and our other constuencies to understand, to anticipate and to serve the health needs of Georgia citizens, striving with all our resources to meet those needs efficiently, economically and humanely.

Among our goals, none stand higher than helping students achieve their potential, nor does any goal have greater impact upon the ultimate service to the community or greater influence upon the future of our professions. The crucial question is, how can we attain academic excellence in helping students achieve their potential so that they can best serve their community and enhance their professions?

From the students' viewpoint, academic excellence means relevant content in the curriculum, cogent presentations by the faculty, a supportive learning environment, and proper role models. From the community's and professions' viewpoints, academic excellence means informed, well-reasoned, competent, self-assured, efficient, empathic and ethical graduates. It follows that excellence in the learning encounter requires content purged of the trivial and vain, but which includes the essentials of the discipline, for which adequate learning resources are available and accessible. It requires a teaching style that is lucid and compelling. It

requires an environment in which the barriers to learning have been identified and removed. It requires mentors who are prototypical of the professions. It requires students with receptive minds and with a commitment to mastery. Finally, academic excellence requires that students master the discipline at a competitive level and serve in a community of need, in cooperation with their peers.

Students have a lifetime of practice in the health sciences of approximately 40 years after they leave school. Every health science professional will use computers in his or her lifetime of practice — to record a history and physical, to order and receive laboratory and other tests, to order and monitor prescriptions, to bill, perhaps even to diagnose, and certainly to conduct literature searches to aid in both patient care and research. Practitioners of the future may not have to travel to libraries or distant cities for their continuing education. Computers, television screens and communication links will replace many lectures, books and journals. If our faculty and students are not computer literate, they will not be in the forefront of tomorrow's medicine. MCG has the opportunity of being the first health science campus in this nation to achieve computer literacy, if we aggressively pursue the many private concerns who wish a model program to use as a basis for selling hardware and software to other health institutions.

The Medical College of Georgia has research programs in all of its five schools and in its hospital and clinics. We pledge to expand our research programs through competing more effectively for national, private and public funds already available. Further, we are engaged in an institution-wide planning process to identify areas of need to which we can uniquely respond in Augusta, in Georgia, in the United States and even worldwide. Specifically, we are looking at the changing makeup of our population. Geriatrics is a neglected field; rehabilitation is a neglected field; nutrition is a neglected field; infant mortality is high in rural Georgia; there is an epidemic of lung cancer in the United States; cardiovascular disease is the number one killer by far in the United States. Research into nervous and mental disorders is literally exploding as trace amounts of chemical neurotransmitters increasingly are identified and associated with both obscure and common central nervous system disorders. Research on the brain and on genetic disorders along with advances in biotechnology will transform our society fully as much as the prevention and/or cure of the two greatest killers today: cardiovascular diseases and cancer. The Medical College of Georgia will have to select those research areas where MCG can make its greatest impact for Augusta and for Georgia. Since we cannot and will not be all things to all people, I pledge today that MCG will make a conscious decision regarding utilization of our research resources — and a correct decision. We plan and we pledge to work with other units of the University System, other state agencies, with other health professionals and organizations, with involved communities, and most importantly, with private enterprise to expand our clinical, educational, research, and outreach activities over the next decade in such a manner as to make us worthy of our 156-year heritage.

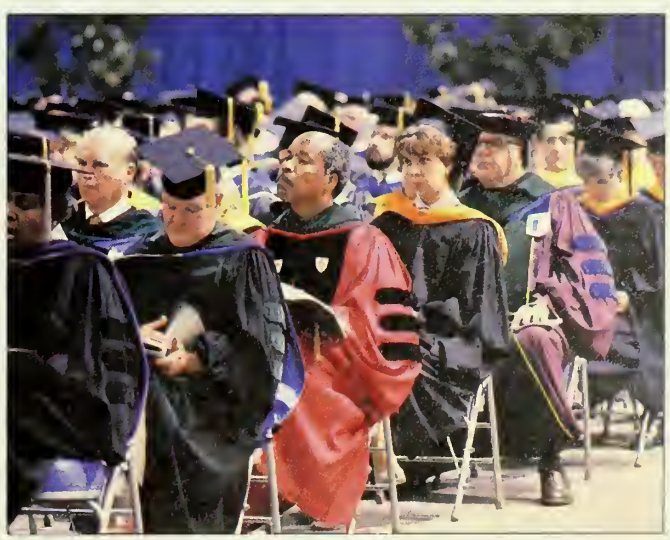
Herodotus, the Father of History, thousands of years ago described his profession thusly: "Very few things happen at the right time and the rest do not happen at all. It is the duty of the historian to correct these errors."

It is my hope, desire, and determination that the goals which students, faculty, and staff are now developing for the Medical College of Georgia's next decade will require no such historical revision, even as we follow a more recent philosopher's dictum, "Set no small goals."

Although the Medical College of Georgia is an oasis of compassion and rationality, it is not an island, it is part of the main. It can neither survive nor thrive in isolation. It must be involved in the health care, learning and research which are incumbent upon a health care center with university status. Moreover, the quality of its enterprise must be measured against what it gives, rather than upon the size of the budget that it has received.

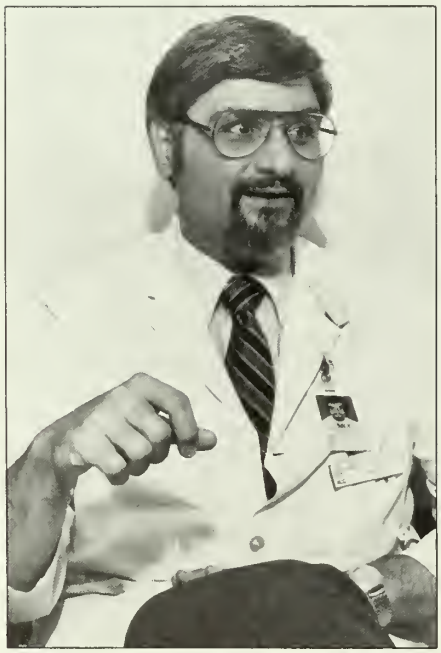
Even though we must be competitive in research, education and clinical activities if we are to train the next generation of health professionals, we must not view others practicing nearby as competitors. If for any cause, we or they have isolated us, we must build intellectual and professional bridges between us. There must exist a "win/win" concept of mutuality between the Medical College of Georgia and the constituencies with which it interacts.

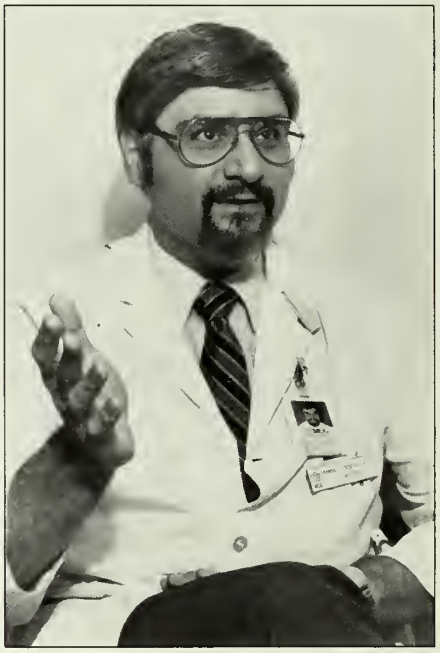
Finally, we must do all these things while maintaining our tradition of academic freedom; while respecting and honoring faculty rights; while selectively expanding our current teaching and research programs, our patient care services and our community service activities. Students and faculty *are* the Medical College of Georgia. It is the role of the administration to facilitate, not to direct, the faculty and students. If we are successful in our administration, we will be rewarded by creating an environment which will attract, retain and stimulate, to their utmost productivity, the best students and faculty in Georgia and in the United States. Further, we will be gratified that we have given our full measure of devotion to those who need, and can benefit from, our services. And we can preserve and foster the noble tradition of over a thousand years symbolized by this occasion. ■



A new VP predicts exciting time

BY SALLY SIMKINS





"We are moving into an exciting time," says the Medical College of Georgia's new vice-president for clinical activities.

"The whole Medical College complex will blossom. We've done a good job in the past and will do even better in the future."

Dr. Francis J. Tedesco, chief of the section of gastroenterology at MCG, was named in August to the vice-president's position after having served in the role in an acting capacity since its creation earlier in the year by MCG President Jesse L. Steinfeld.

Dr. Tedesco is highly enthusiastic about the future of the Medical College of Georgia Hospital and its patient care activities and, under the direction of Steinfeld, foresees a move toward increased excellence.

One of the first official acts after Steinfeld's appointment was his creation of three vice-presidential positions: positions over development, research, and clinical activities.

"In creating these roles, Steinfeld demonstrated the need for definable people to oversee each area, people to serve as his advisors in each," says Tedesco.

"Their creation also shows that each shares equal importance. Research, development, patient care; each is equally as important as the other."

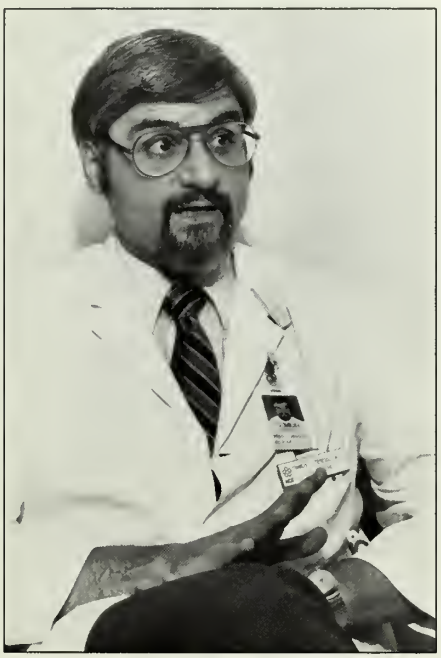
While still holding the position of acting vice-president, Tedesco was asked to head a committee charged with development of a policy for patient care, a policy which is now in place.

"This policy will help define how we reach our goals, not only for this year but for the next decade," the 40-year-old physician says. "It will be part of the development of our institutional goals."

Of primary importance is a strengthening of the hospital's clinical posture, with a focus on a change in the patient mix.

"Not only are we a center for tertiary care, but secondary and primary care as well," Tedesco says. "To accomplish our goals of teaching, research and patient care we need the whole spectrum. The house officers and students who leave here and go into practice need to see more than just tertiary referral patients in their training."

"We want the whole Medical College complex to have a national reputation for excellence."



Tedesco came to the Medical College in 1978 from the University of Miami School of Medicine where he was co-director of its Clinical Research Unit and associate professor of medicine.

A native of Connecticut, he graduated from Fairfield University in Fairfield, Conn., and received his M.D. degree from St. Louis University School of Medicine. He completed his internship and residency in medicine at the Hospital of the University of Pennsylvania and a two-year fellowship in gastroenterology at Washington University School of Medicine in St. Louis.

Tedesco is a diplomate of the National Board of Medical Examiners and the American Board of Internal Medicine, and is certified in gastroenterology. He is a fellow in the American College of Physicians and the American College of Gastroenterology.

Tedesco foresees the development of a national reputation as a health care provider by the Medical College of Georgia Hospital and Clinics. Local recognition in the community, state and region as a provider of quality health care and as a center of expertise also will be cultivated.

"Some sections and departments already have national recognition," Tedesco says. "We want the whole Medical College complex to have a national reputation for excellence.

"We've done a good job in the past but not everybody knew it. It's a matter of people realizing what we do and what we have available."

In addition, the need to be more responsive to physicians in the state has been recognized and steps are being taken to improve communications.

New services also have been and are being developed, such as In Vitro Fertilization, a Communicative Disorder Clinical Unit, and others still in the planning stages.

"All new innovative ideas are being listened to," Tedesco says.

The Communicative Disorder Clinical Unit is an example of cooperation and interdepartmental interaction being brought about. As a function of several services, including plastic surgery, otolaryngology, neurology, and pediatrics, the unit provides the expertise needed for the diagnosis and treatment of speech and hearing disorders.

"There will be the ability to provide multidisciplinary care efficiently and effectively."

Also exciting is In Vitro Fertilization, a program which gives hope to couples who have been unable to conceive a child because of certain infertility problems.

"Here again, we have the expertise available to provide a very special service to couples not only in Georgia, but in the Southeast as well," Tedesco says.

Where change is necessary, changes are being made.

"We are looking at our own institution very hard," Tedesco continues, "making it more efficient."

Improved systems of scheduling services for inpatients and for discharge planning, both aimed at making each day more productive, have been instituted. Other changes are in the making.

"We're going to see an era of compromise," he says, adding that individual sections will have to compromise what might be best for them for what is best for the institution.

Also being explored are ways of improving the atmosphere of the hospital and making it more pleasant not only for patients but for employees as well.

"We are attempting to develop an esprit for the Medical College. If we are proud of ourselves and what we are doing, it will be reflected in our work." ■

MCG RESEARCH UPDATE

BY MANDY ROTH

Youth Alcoholism

With the number of alcoholic youths on the rise, educational programs in schools are being touted as the remedy to reverse this alarming trend. But according to a recent study conducted in Georgia and South Carolina, the answer to this dilemma lies somewhat closer to home. Despite what they've learned in mandatory alcohol education programs, adolescents pattern their drinking behavior after the example their parents set.

Alcohol is the number one youth drug problem, says Dr. Paul D. Forney, assistant professor of family medicine at the Medical College of Georgia in Augusta, and his wife, Dr. Mary Ann Forney, formerly with Paine College in Augusta. The Forneys were the two principal investigators involved in a study which revealed some interesting data about why youths drink.

Nearly 2,000 sixth-and eighth-graders in Georgia and South Carolina schools were surveyed in the study, which simultaneously compared many socio-cultural factors to the student's knowledge, attitudes and behavior toward the use of alcohol.

The survey's most significant finding: perceived parental drinking patterns appear to have the most powerful influence on a child's drinking behavior. And, it appears that regardless of what they know about the harmful effects of alcohol, there is little evidence that this will stop youths from drinking, if their parents drink, the Forneys say.

Although current programs seem to have much less effect on adolescents' drinking behavior than the parental model, the Forneys don't recommend cutting out these programs in schools. Instead, they recommend that parents examine their own drinking patterns and discuss responsible drinking behavior with their children.

In addition, educational programs should be developed for adults, emphasizing parents' roles in their children's behavior. Parent-teacher organizations, churches and civic groups can play an important role in spreading this message to adults, the investigators say. Combined with efforts already aimed at children, this might provide the punch that's needed to make adolescent programs more effective. ■

Dental Fluorosis

Half of Americans drink it, some swish it, most of us brush with it.

Fluoride is a substance which most of us are exposed to daily in our food, water supplies, toothpastes, and now, mouthwashes. Although its benefits are well documented, researchers still don't completely understand how this ion works in the body. In addition, it appears that too much exposure to this substance while teeth are still developing may be responsible for an apparent increase in a condition known as dental fluorosis.

Dr. Gary M. Whitford, professor of oral biology at MCG's School of Dentistry, is one of several researchers here studying fluoride metabolism. Findings so far have been reassuring and may lead to better guidelines concerning exposure to this substance which is found naturally in the earth's crust and has been added to some water supplies since 1945.

"The addition of fluoride to public water supplies is one of the most successful public health measures ever undertaken," says Whitford. Fluoridated water in a community can reduce the incidence of cavities by 50 percent to 60 percent, effectively disrupting the demographics of dental decay.

Optimally, the amount of fluoride in a water supply is one milligram in each liter of water, or one part per million. However, in communities where fluoride levels naturally reach two parts per million or more, the incidence of dental fluorosis increases. With this condition, teeth are more resistant to cavities, but have pearly areas, pits or discoloration. "It's not a serious disorder," says Whitford, "but it may be unsightly in some cases." The apparent increased incidence of this condition has been the subject of two epidemiological reports, he says, but broader studies are required to establish that the increase is something to be concerned about.

Because water fluoride levels are regulated, the reported increase of dental fluorosis is more likely due to the inadvertent swallowing of toothpaste by young children, says Whitford. The concentration of fluoride in dentifrices is high: 1,000 parts per million. Placed in the mouth of a two-year-old who can't adequately control his or her swallowing reflex, some of the dentifrice may be ingested, says Whitford. Although toothpaste is usually mixed with water on the toothbrush and further diluted by saliva, what is swallowed may substantially add to the amount of fluoride normally taken in with food and water.

The connection between fluoride intake and dental fluorosis is still being studied, but researchers are concerned with other effects fluoride may have on the body. The normal dietary intake of this substance is one-half to two milligrams per day, says Whitford. Taken in a massive dose, fluoride is poisonous and can be fatal. However, large daily doses of this substance, up to 40 milligrams per day, have proven useful in the treatment of osteoporosis, a disease causing bone deterioration, which is often found in post-menopausal women. Fluoride is the only known substance that stimulates the formation of new bone, says Whitford. One reported complication of treatment is gastric distress.

In experiments at MCG, the stomach linings of laboratory animals were exposed to various levels of fluoride solutions. At the amount recommended for public water supplies, no adverse effects were found. However, in concentrations similar to the level in toothpaste, and even higher doses such as those used for applications in the dental office, fluoride irritated the stomach lining and caused changes in gastric mucosal structure. No long-term effects were documented though, says Whitford; the signs disappeared as the substance was absorbed and excreted.

Excretion plays an important role in fluoride metabolism, says the dental researcher. Kidneys are the major route for the removal of fluoride from the body. The amount of this substance retained in the body can be measured by subtracting the amount excreted.

Funded by two continuing National Institute of Dental Research grants, Whitford and his associates determined several years ago that the more alkaline the urine, the faster fluoride is excreted. And conversely, the more acid the urine, the slower it leaves the body. They are currently studying which variables influence urine pH such as diet, exercise and altitude.

Preliminary results of some studies indicate that with moderate levels of exercise, less fluoride is delivered to the kidneys to be excreted. High altitude seems to have an effect opposite from that predicted: tooth decay occurs at a normal rate, but in the presence of what appears to be dental fluorosis, says Whitford. "It may be caused by the effect of low atmospheric oxygen content on enamel. We may be getting into a different area of research by accident."

Results from these studies may help determine guidelines for fluoride exposure, especially for pediatric patients. It already seems apparent that supplemental fluoride tablets, which some dentists and pediatricians prescribe, should not be recommended in a community with proper levels of fluoridated water.

A new program to analyze levels in water samples is being implemented by MCG in conjunction with the Georgia Dental Association, the Medical Association of Georgia and the Department of Human Resources Office of Dental Health. Dentists and physicians throughout the state will be able to mail water samples to the MCG School of Dentistry to have the fluoride content of their patient's water supply checked. This will help determine whether fluoride supplements should be recommended.

Whitford says that research on fluoride metabolism continues. "We want to better understand how the body handles fluoride in order to maximize the beneficial effects and minimize the adverse effects. If used properly on the proper target population, there are no known adverse effects. Fluoride is the cornerstone of modern preventive dentistry." ■

Toxic Shock Syndrome

A surprising finding in toxic shock syndrome research has led MCG scientists to explore new variables in determining susceptibility to this disease. Studies indicate that males are perhaps more vulnerable than females to infection by the bacteria linked with this condition.

TSS made headlines a few years ago when a number of menstruating females using tampons were diagnosed with this

disorder. Despite the hullabaloo, TSS was not a new disease. It is caused by a quite common bacterium, *Staphylococcus aureus*, which is naturally found on the skin and in the nose of many, and for about 10 percent of females, in the vagina. It is the same organism responsible for some types of food poisoning and is often implicated in wound infections.

Most people have developed antibodies against this organism. Some have not and those people are more prone to suffering the consequences of its invasion. TSS is characterized by a high fever, nausea, vomiting, diarrhea, a sunburn-like rash, and in the worst cases, dangerously low blood pressure.

Funded by grants from Procter and Gamble, Dr. Gary K. Best, professor of cell and molecular biology, Dr. David F. Scott, associate professor of cell and molecular biology, and Dr. Tom O. Abney, associate professor of endocrinology, have discovered that in those with no antibodies, susceptibility to infection seems to be related to hormone levels. In early collaborative studies on this condition, Dr. Wayne Crowell of the University of Georgia Veterinary School and Dr. J. Malcolm Kling, director of MCG's Division of Laboratory Animal Resources, noted that infections in male laboratory animals were more severe than in females. With the gender difference documented, a collective effort began to determine whether hormones might be a factor in TSS.

Studies have focused on levels of estrogen, commonly called the "female hormone," and testosterone, the "male hormone." Both of these substances exist in either sex, but the ratio appears to be significant in determining the severity of the disease.

The scientists found that if male rabbits were given estrogen, it protected them against TSS. Conversely, if females were given testosterone, it made them more vulnerable to infection. "A high ratio of testosterone to estrogen definitely seems to be associated with the severity of infection," says Best.

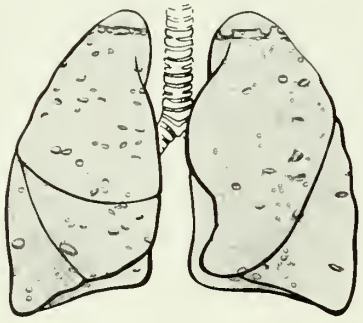
If females have a natural protection against TSS, then why have so many cases of this disease been reported in menstruating women? When females menstruate, the scientists explain, their estrogen levels drop. This might explain why most cases of TSS are reported in females 11-16 years of age. "Often, females in this age group do not ovulate regularly and their hormone levels fluctuate erratically," says Abney.

"Although the use of tampons has been associated with an increased incidence of TSS, this is the first indication that there are also host factors important in the expression or severity of toxic shock syndrome," says Best.

Future research will concentrate on determining the role of hormones in TSS and especially how estrogen works in protecting against the disease.

The MCG studies may develop into widespread implications in the study of infectious disease. "A person's susceptibility to infections in general may be associated in some way with their endocrine status," says Abney. "It may be that a woman's monthly cycle makes her more susceptible to infections," he speculates.

For now it appears, at least in the case of TSS, that being female is a benefit and a disadvantage. ■



Pulmonary Edema

With support from the American Heart Association, one MCG investigator is conducting research which might provide a better treatment for patients suffering from a life-threatening lung condition.

Dr. Ina C. Ehrhart, associate professor in the Department of Physiology, has been awarded an American Heart Association Research Investigatorship from the Georgia Affiliate of this organization to study pulmonary edema.

Pulmonary edema, or excess fluid in the lungs, is a problem which may result from foreign particles such as blood clots (emboli) becoming lodged in the blood vessels of the lung.

"Over 50 percent of blood is water," says Ehrhart. In pulmonary edema the water moves out of the lung's blood vessels into the lung tissue and air spaces. "The patient has great difficulty breathing and could drown in his or her own fluid."

Pulmonary edema following embolism is associated with high pressure in the arteries of the lung, says Ehrhart. Previously, it was not clear whether the edema was caused by increased permeability (leakiness) of the blood vessels, or the high pressure, which would force fluid out of the vessels.

Ehrhart and her associates, Dr. Wendell Hofman, associate professor of physiology, and laboratory technician Susanna Scott, spent much of the last five years developing a method to isolate this organ for experimental purposes in order to control arterial pressure and measure minute fluid shifts.

They then determined that when emboli are introduced, edema still results no matter what pressure the arteries register. "High artery pressure does not seem to increase the edema," she says.

"We think that the high pulmonary arterial pressure (associated with lung emboli) is not transmitted to the leaky capillaries." It may be that the emboli somehow protect the capillaries from the effect of high arterial pressure. Therefore, something besides high pressure must be causing the edema.

The emboli may release some substance or cause the release of a substance which creates increased permeability of the capillary walls, she says.

Currently, pulmonary edema is treated by supporting the patient's respiration and preventing further clotting. "In the future it may be possible to remove even small emboli," says Ehrhart. "If we could remove the emboli, would it make the edema worse?"

This, and other questions, she hopes to answer as her research continues. She is pleased with the Heart Association award saying "It's made it possible for us, at least over the next three years, to work more intensively on our research. It's rewarding to receive funding for this project because we are very close to answering some critical questions. I feel very good about it." ■

Better oral health for Georgians

by John Donnelly

Involvement in the community, district and the state by both faculty and students is something the School of Dentistry at MCG relates to on a first-hand basis. Since the school's beginning in 1966, providing better oral care to the citizens of Georgia has been a prime concern.

This involvement has not been limited to a single program or idea, used year after year, but has grown and been expanded to encompass a variety of areas and fields, all aimed at upgrading the oral health of the state's population.

WATS line for dentists

One of the newest methods by which the school is helping bring better dental care to Georgians is through the use of the "Dial-a-consultant" WATS line number for the state's referring dentists. The service was begun originally by Dr. Joseph Bailey for the MCG hospital and clinics and the School of Medicine as a central number to handle incoming calls from referring physicians.

The School of Dentistry approached Bailey and the School of Medicine and asked if they could also use the line to handle calls from referring dentists. "We worked out an agreement with them and then sent out information about the service to all practicing dentists in the state," says the dental school's Associate Dean for Business Ray Lackman. "We sent the number only to practicing dentists, no one else, and have been very pleased with the results."

Over a recent six-month period, almost 100 calls per month were received through the "Dial-a-consultant" number. These calls, received from throughout the state, included referrals to the dental school and consultations with dental faculty on patient management.

Helping the dentists in the state is just one form of the school's community involvement. Other programs bring both the students and faculty members in contact with the state's citizens.

Student Clerkships

The largest program involving students off campus is the Public Health Clerkships. Students spend three weeks during the summer of either their junior or senior year in dental clinics around the state. These sites include the Ben Massell Clinic in Atlanta, the Westside Urban Health Center in Savannah, the Georgia Retardation Center in Atlanta, Central State Hospital in Milledgeville and the Stewart-Webster Rural Health Center in Richland.

The program is also active in Augusta and Richmond County with students doing clerkships with the Richmond County Health Department, the Youth Development Center, the Veterans Administration Hospital, the Children and Youth Clinic and the Augusta Correctional Facility.

The current clerkship program was begun years ago as the capitation program funded by Federal money. Three years ago the government ceased capitation funding. "We at the dental school felt the program was helpful and we wanted to continue it with some changes. These included making it a summer program of three weeks duration," according to Dr. Earl Williams, chairman of the Department of Community Dentistry and the program's director. "It has been set up originally as a year-round program with the clerkships lasting six weeks.

"We feel this is a very good program for the students," he says. "The students have the chance to work in clinic settings where they are considered quasi-staff and, while they are supervised by the dentists in the clinics, they are under less supervision than in the dental school clinics."

Williams says the students do evaluations on the clerkships and "about 95 percent say the experience was a positive one. The number one thing they say is that the program builds their self-confidence."

Having students in the dental clinics around the state is not a one-way street. The dentists running the clinics also provide feedback about the work of the students to the dental school. "While it is on a less formal basis, the dentists tell us they like trading notes with the students. It helps them stay alert to new techniques and procedures," he says. "They must be enjoying the relationship because year after year when we call them to set up clerkship sites, they say 'yes.' "

Another plus for the program, Williams says, is that the students are able to say when and where they are going to do their clerkships. "Most of them choose locations where they have family or friends to help them defer costs. Usually the only money the students are out is the money for travel and some private sources are available to help them with that," Williams says.

C & Y Clinic

Several of the clerkship sites serve as the dental component of other community programs utilizing students from the dental school. The MCG Children and Youth Project (C&Y) provides a dentist, Dr. Karen Pierce, and a part-time pedodontist who supervise students during the summer months. This clinic serves all indigent children in Richmond County between the ages of three and 18.

"The children who attend the C&Y Clinic receive any care they need short of orthodontic work," says Dr. Victor Della-Giustina, coordinator of the dental portion of the C&Y Clinic. He also works with the pediatricians and other physicians in the Maternal and Infant (M&I) Program for high-risk pregnancies. "Our goal in helping the M&I Program is to make sure that these women with high-risk pregnancies don't have infections in their teeth and gums that could add to their problems," he says. "The state of Georgia ranks either 48th or 49th in infant mortality but because of the work of the M&I Program this area ranks much lower."

Service to the state

Under another hat, Della-Giustina serves as the coordinator for all dental programs in the 13-county region around Augusta. One of the programs uses dental students to visit area nursing homes giving oral examinations and labeling the residents' dentures.

"The older population is going to increase in the coming years," he says. "This program is aimed at teaching students the special dental needs of the elderly. It also provides care for those in the nursing homes."

Children with cleft palate are the target of another of the dental school's projects. "We have two teams, one from the health department and the other from MCG, treating cleft palate in children around the state. The results from that program have been most gratifying," Della-Giustina states.

Prevention and education are just as important to the dentist as treatment. To this end Della-Giustina and others at the dental school have been successfully campaigning for many years to see that every community in the region has fluoridated water. "The use of fluoridated water can cut the amount of dental caries by 50 percent to 60 percent," he says. "Now that we have fluoridated water in these communities, we are monitoring the fluoride levels in the water to see that people are getting the right amounts."

Sealants for children

Convinced that the incidence of dental caries can be even further reduced by the application of pit and fissure sealants to the teeth of children, dentists at the School of Dentistry have targeted specific rural areas and are applying sealants to the teeth of elementary school children. Not only do such projects help upgrade dental health, but the children become part of the continuing research on pit and fissure sealants being carried out at the dental school by Dr. Eva Mertz-Fairhurst and her colleagues.

Oral cancer screening

Dental school faculty and students are involved in an oral cancer screening program run in cooperation with the American Cancer Society (ACS).

"This cooperative effort works very well," says the project's coordinator, Dr. David Schaffner, an associate professor in oral pathology. "ACS provides the publicity and selects the locations and we provide the manpower for the clinics.

"This is a good learning experience for the students," he says, "because they go out into the communities in East Central Georgia and are exposed to dental pathologies and conditions they would not otherwise see. This, along with the community service we are providing, are the main reasons for the program."

The clinics are usually held in the evenings and Schaffner says the number of people who come for the comprehensive oral examinations varies radically. "There have been times we have almost had to turn them away," he relates, "and there are times when we get five or six people the whole evening."

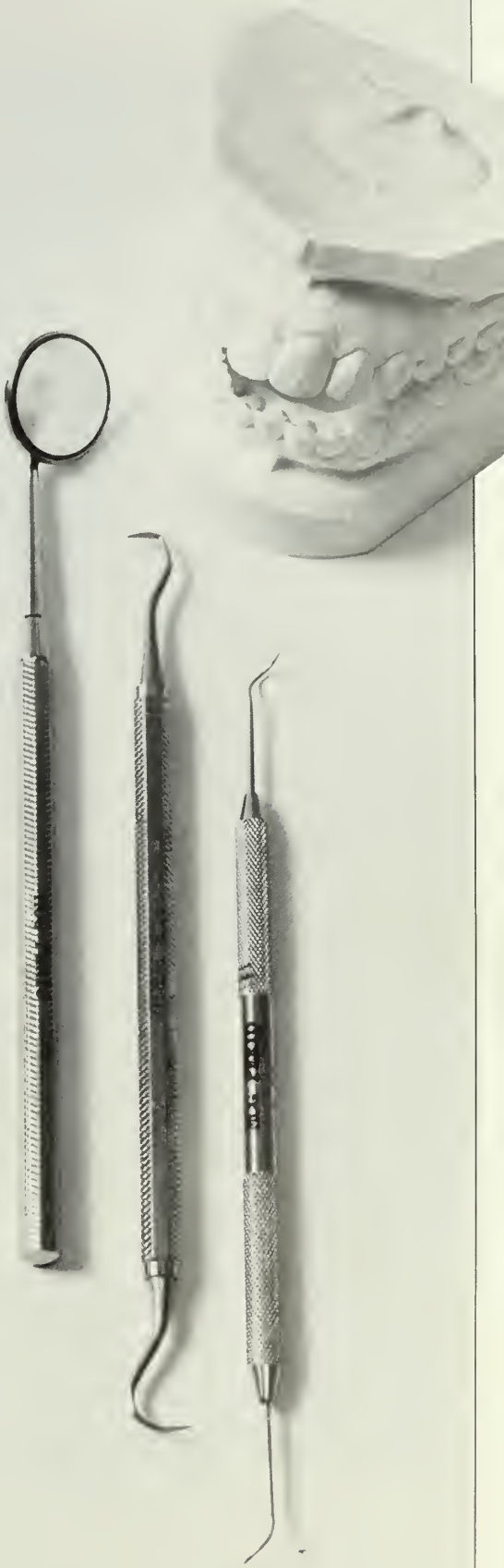
Each clinic is staffed by three to six students and one or two faculty members. Schaffner says in the communities they visit that have dentists, the local practitioners will come out to the clinic and give as much of their time as they can spare to help.

When an examination reveals a lesion that could be malignant, the patient is referred to his or her regular dentist for a biopsy if the clinic personnel feel one is necessary. "If the person does not have a personal dentist or is indigent, then we bring them here. With the elderly, and many of those we see are older people, we work with the health departments to have them biopsied," the oral pathologist says.

Health course at AC

Dr. Leon Leonard, associate dean for clinical sciences at the dental school, and other faculty members are involved in a health course at Augusta College. "We have been working with AC in this course for several years," Leonard says. "For a couple of hours each quarter, we go and acquaint the freshmen with the scope of oral disease and how most of it can be prevented. We also discuss the dental needs of infants and children and how these fit in with raising a family. We are glad to provide this service for them."

In an article celebrating the first decade of operation of the dental school, Dean Judson Hickey rated the Public Health Clerkships as one of the school's major accomplishments. One of the goals of the dental school has been to bring good oral health to all Georgians. Cooperative outreach efforts such as the oral cancer screening program and those in which MCG dental faculty and students work in the state's communities to promote better dental health through care and education are indications that this goal is being met. ■



"Country doctor"
receives MacArthur Foundation grant

Ask Dr. Curtis Hames what he does for a living and he always says, "I'm just a country doctor."

Apparently a distinguished group of foundation directors in Chicago think that being "just" a country doctor like Hames is enough. They awarded him $58,400 annually for the next five years — totaling $292,000 — with no strings attached. As a fellow of the John D. and Catherine T. MacArthur Foundation, Hames is free to use the money any way he wishes with no obligation to report to the foundation about his work or how the money was spent. Anyone familiar with the usual foundation or government grants would call it a "dream grant".

J. Roderick MacArthur, chairman of the MacArthur Fellows Program, said, "The purpose of the MacArthur Fellowships is simply to free some the most creative and talented people the country from the constraints e tailed in making a living. This can he them make the contributions to our ciety that we think they are capable making by doing whatever they choo to do with no requirements impos from the outside . . ."

Hames received the award for office-based family medicine resear including the study of the relationsh between race and heart disease. T major part of his research has been ca ried out in his Claxton, Ga. office whe he conducts a full-time medical pra tice. He opened his practice in a thre room office above a drug store in hometown of Claxton in 1947. He st begins his hospital rounds before daw sees 50 or 60 patients until about p. m., checks his hospital patients aga and occasionally makes night calls.

Hames became interested in ep demiological research about 30 yea ago when he observed that his bla patients with high blood pressu amounted to double the number white patients with this disease. But also noticed that he had four times many white patients with heart disea as black patients. He was alarmed find that the cardiovascular disease ra of the Claxton area was twice the n tional average.

He began tabulating vital statist on 93 percent of the 10,000 people Evans County. His methodology was impressive that the National Institut of Health began funding his study years ago, making his the longest-stan ing NIH grant to any single medic doctor. Many international researc projects have been conducted throug the Hames' laboratory, including co laborative studies with scientists Finland, Norway, Poland, Israel, J maica and England.

Thousands of vials of blood seru which he collected since 1957 are store in freezers in his office. He will use th blood to conduct follow-up studie Serum from all his cancer patients now being analyzed in Base Switzerland for Vitamin A, Zinc ar Selenium. Another study is being co ducted to find clues to AIDS ar Herpes.

Hames suspected that diet might be a factor in his community's high rate of heart disease so he collected thousands of food samples from Evans County households. As an outgrowth of his nutritional studies, Hames helped establish the Georgia Institute of Human Nutrition at MCG.

He is also conducting Selenium studies to test his theory that the lack of this trace mineral in the coastal plains area could be the cause of the high rate of heart disease. He has pursued his Selenium studies into Finland and China, where the disease has been controlled by Selenium supplements.

Hames predicts that the large grant will not change his lifestyle. Perhaps he will cut down on the amount of patient hours to devote more time to research but his days will be just as full.

What will he do with the $292,000 grant? He has already set some goals which he hopes the grant will help him attain. The first is to encourage physicians to conduct more research in primary care. He and Dr. Paul Fischer of MCG recently conducted a seminar on Family Medicine Research, sponsored through the Curtis Hames Chair on Family Medicine at MCG. Sixteen top educators and family medicine physicians from across the country came to Augusta to discuss ways to accomplish this goal.

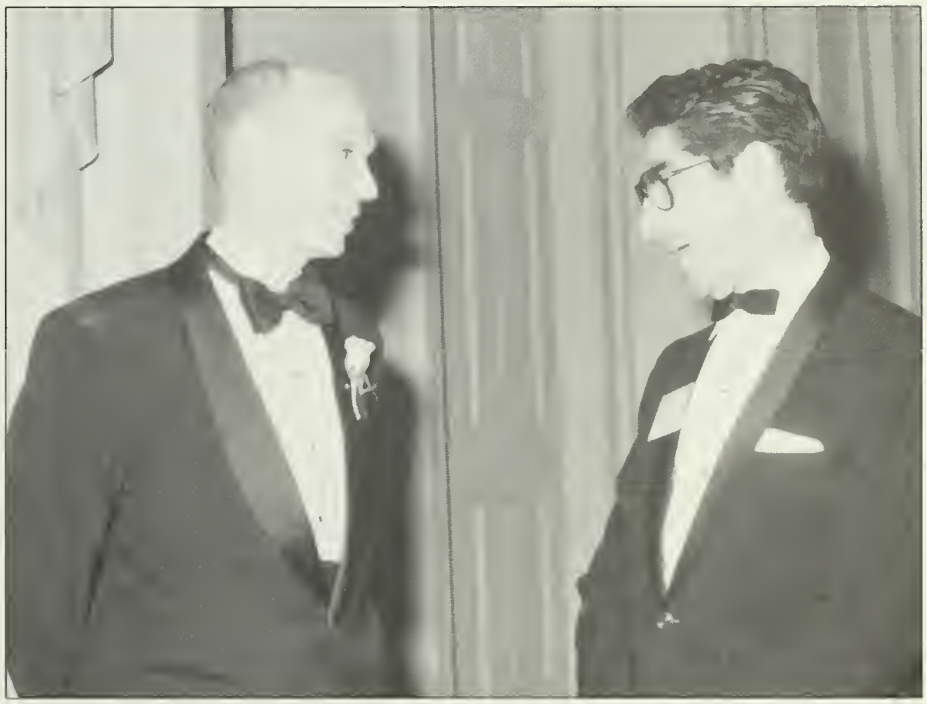
Next he would like to see more medical student graduates go into family medicine, be involved in community service and conduct research in their private offices.

Another concern of Hames is the curriculum in medical schools. He would like to see more humanities and liberal arts courses — all aimed at producing more caring, humanistic physicians.

Hames' approach to research and to his favorite projects is to act as a catalyst. He says, "I can't be a geneticist, a biochemist, a computer analyst and all the other disciplines that are required in research, so I try to be a catalyst for making the research happen. I conceptualize, help with financing, and push to see that the project is successfully completed. My forte, if any, may be the ability to work harmoniously with many disciplines." ■

THE FIFTH CHARBONNIER PROFESSOR

Dr. Joseph P. Bailey Jr.



Dr. Joe Bailey and President Jesse Steinfeld

Dr. Joseph P. Bailey Jr. was honored with a Charbonnier dinner where he was named as the fifth Charbonnier Professor at MCG. The dinner was given by the MCG Foundation at the West Lake Country Club in Augusta on August 9.

Bailey joins Drs. Singal, Ellison, Strong and the late Dr. Ahlquist in sharing this distinctive award. He has served MCG for 23 years, beginning as Instructor in the Department of Medicine in 1961. He was appointed Chief of the Section of Rheumatology in 1967, Professor in the Department of Medicine in 1969, and Associate Dean for Clinical Sciences in 1972.

The dinner also honored members of the Charbonnier family who made endowment of the professorships possible. In 1929, Bowdre Phinizy established the fund through his will to honor his late father-in-law, Leon Henri Charbonnier. Charbonnier was born in France in 1836 and came to the University of Georgia in 1867 from South Carolina. He served as Professor of Physics and also served for a time as Chancellor of the University. In 1898, Professor Charbonnier moved to Augusta where two of his children, Mrs. Bowdre (Meta) Phinizy and Leon Henri Charbonnier Jr., lived. Professor Charbonnier died in Augusta in 1916 and is buried in Augusta's old City Cemetery. ■

Henri Charbonnier McGowan Jr., grandson of L. H. Charbonnier

CAMPUS NEWS

Continued from page 6.

Pediatric Intensive Care Unit has anniversary

The Pediatric Intensive Care Unit of MCG Hospital observed its first anniversary in July, with the unit admitting approximately 220 patients in its first year. During the first several months there were three or four patients being cared for by its staff daily. Now the average daily census has grown to five.

Staffing has also grown with the increase in patients, according to Dr. Curt Steinhart, the pediatric intensivist who heads the unit as medical director.

Patients in the PICU are critically ill infants and adolescents — children with medical problems from respiratory failure to circulatory failure, neurological patients with seizures, and neurosurgical patients suffering head trauma or recovering from surgery.

They have come from throughout Georgia — Tifton, Royston, Savannah, and Waycross — and from Georgia's sister state, South Carolina.

The unit opened with more than $100,000 in new monitoring equipment with the capacity of measuring multiple functions concurrently, including blood pressure, temperature, intracranial pressure, venous pressure and electrocardiogram.

Another $50,000 has been allocated for this fiscal year to increase its monitoring capabilities.

Listed among its needs are more nurses, two isolation rooms, and a conference room where physicians can talk with parents concerning their child's care.

"We have made a great deal of progress and accomplished a lot during our first year," Steinhart says, "but there is much more ground to cover.

"We need to increase our referral area and we also need to be more involved in the care of patients before they get to our unit.

"We need to be involved in all aspects of their care with the PICU being the focus of activities."

McGinnis elected head of MCG Foundation

Dr. LaMar McGinnis, a surgeon from Decatur, Ga., has been elected president of the MCG Foundation Inc.

McGinnis received his undergraduate degree from the University of Georgia and received his doctorate of medicine from MCG.

McGinnis has served as president of the Georgia Surgical Society (1982-83) and is president-elect of the Georgia Chapter of the American College of Surgeons. He has also served in several capacities in the Medical Association of Georgia and the American Cancer Society.

He serves on the staff of several Atlanta area hospitals and is a clinical associate professor of surgery at the Emory University School of Medicine.

McGinnis has been president of the MCG School of Medicine Alumni Association (1982-83) and received the Physician's Physician Award in the Atlanta area in 1982.

Change in Eye Bank name

The Eye Bank at MCG has had a change in name.

Previously the Georgia Lions Eye Bank, it now is named the Medical College of Georgia Eye Bank.

According to Dr. David S. Hull, professor of ophthalmology at the Medical College and surgical director of the MCG Eye Bank, the change was made after funding from the Georgia Lions Lighthouse Foundation was shifted to other commitments of the association. Support of Lions Clubs in the Augusta area will be continued.

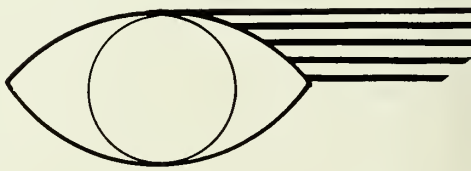
The Eye Bank provides corneal tissue for transplant at MCG as well as those by ophthalmologic surgeons elsewhere in Georgia and other states. It also provides tissue for research and medical education.

In 1983, 165 corneas were donated to the eye bank at MCG. Approximately 40 transplant operations were performed at the Medical College.

Corneas for transplant can come from donors of any age, according to Hull. Also, it does not matter if the donor's vision was not perfect.

Corneas must be removed within six hours of a person's death, according to Suzie Parker, Eye Bank Coordinator. People wanting to donate their eyes or other organs after their death should make their wishes known by filling out organ donor cards and discussing the idea with their families, she said.

Organ donor cards are available at the MCG Eye Bank, Department of Ophthalmology.



CLASS NOTES

SCHOOL OF ALLIED HEALTH SCIENCES

Department of Medical Record Administration

Joy Avery, '78, Chattanooga, TN, is the director of medical records at Memorial Hospital.

Art Bell, '84, Dalton, is the assistant director of medical records at Hamilton Memorial Hospital.

Carol Jean Berry, '70, Atlanta, is employed by the Department of Health and Human Services' Office of Health Care Financing Administration. She will also serve as a member of the Medical Review Team for Region IV PRSO/PRO based in Atlanta.

Judy Brown, '84, Atlanta, is the assistant director of medical records at West Paces Ferry Hospital.

Linda Finnie, '83, Augusta, is a medical record coordinator at St. Joseph Hospital.

Laura L. Graham, '73, Atlanta, is a corporate quality assurance consultant for the Eastern Division of American Medical International, Inc.

Margie Haslam, '78, Montgomery, AL, is the director of medical records at St. Margaret's Hospital.

Nell Osterman, '79, Los Lomas, Rio Piedras, Puerto Rico, has taken a position in an area hospital.

Susan Pandrofcheck, '78, Richmond, VA, is director of medical records at Stuart Circle Hospital and has been elected President-Elect of the Virginia Medical Record Association.

Kaye Taylor, '78, Tallahassee, FL, is assistant director of Medical Records at Tallahassee Memorial Hospital.

Shay Thompson, '52, Nashville, TN, is a director of medical records at Nashville Memorial Hospital.

JoAnn Von Plinsky, '84, Augusta, recently accepted a position in the medical record department of University Hospital.

Carla Wooton, '77, Augusta, is director of the medical record section at the Georgia War Veterans Nursing Home.

Department of Occupational Therapy

Elaine Penny, '79, Atlanta, is a consultant to the Cobb County Developmental Services Center in the early intervention program. She also enjoys water-skiing and horse breeding.

Darcie E. Riggs, '79, is an Army Captain in Germany working with the military's exceptional family program.

Gaye Woodring, '79, Augusta, is working in the Spinal Cord Injury Unit of the Veterans Administration Medical Center. She is also involved in collecting data for the Workmen's Compensation on Work Tolerance Screening.

Department of Physical Therapy

Jerri F. Tilley, '74, Calhoun, has opened a practice limited to orthopedic physical therapy for the craniomandibular (TMJ) patient.

Department of Respiratory Therapy

Richard Beckham, associate professor and chairman of the Department of Respiratory Therapy at MCG Hospital and Clinics, is now President-Elect of the American Association for Respiratory Therapy. Beckham has also recently published a book titled **Clinical Simulations in Respiratory Care: A Workbook and Study Guide.**

Rainee Glass Clary, '80, is a technical director in Gaffney, SC. She is also the proud mother of a new baby boy.

Shelley C. Mishoe, '77, Belvedere, SC, is president of the Georgia Society for Respiratory Therapy.

SCHOOL OF NURSING

Ernestine Bady Davis, MSN, '72, Florence, AL, is an associate professor of nursing at UNA and has received a PhD in Education from the University of Alabama. She and her husband, Luther, have two children, Ella, 14, and Luther III, 2.

James Elwood Florine, BSN, '76, Fayetteville, NC, received his master's degree in nursing from the University of Texas Health Services Center in San Antonio, TX, December 12, 1983.

Judy Hadden, BSN, '81, a former senior staff nurse at MCG Hospital and Clinics, was recently assigned as a nurse educator in Gaza by the Southern Baptist Foreign Mission Board. Hadden completed a five-week training program, June 14, 1984, at the Mission Learning Center in Virginia. The center prepares journeymen candidates to work as auxiliary personnel for two years alongside Southern Baptist career and associate missionaries in 33 nations. Hadden was commissioned for service, July 20, 1984.

Donna Owens Hodges, BSN, '66, Winder, attended the Omni School of Travel in Atlanta, and is now working part-time for the American and Overseas Travel Agency. She and her husband, **Dr. Hugh Hodges,** '69, have three children: Mitzie, 14; Scott, 11; and Heath, 9.

Dennis Roy Stroup, BSN, '77, San Antonio, TX, received his master's degree in nursing from the University of Texas Health Science Center in San Antonio, TX, December 16, 1983.

E. JoAnne Jones, '79, MSN, Hampton, VA, is the president of the Nurses' Association of the American College of Obstetricians and Gynecologists. She is a doctoral candidate in Administration of Higher Education at the College of William and Mary, Williamsburg. A member of the Virginia Nurses' Association and the Virginia League for Nursing, Ms. Jones is the author of a chapter in **Maternal-Newborn Nursing,** by S. B. Olds, M. L. London, and P. A. Ludwig.

Noreem King Poole, '81, MSN, Jupiter, FL, co-authored the chapter "Person Abuse," in **The Handbook of Nursing.**

SCHOOL OF DENTISTRY

Larry L. Tilley, '75, Calhoun, GA, has been awarded a fellowship in the Academy of General Dentistry, where he serves as state president. He has also been elected to the Calhoun City School Board. He recently opened a new office with a geodesic dome.

SCHOOL OF MEDICINE

Lamar P. Collie III, '79, Rochester, MN, has completed graduate training in orthopedic surgery at the Mayo Graduated School of Medicine. Dr. Collie will join a multi-specialty group practice in Brenhan, TX.

Edmund A. Krekorian, '57, Aurora, CO, was recently made a fellow of the American Society for Head and Neck Surgery.

Christopher L. McLendon, '82, Macon, GA, a second-year resident in otolaryngology, was given the James Ernest Kindred Award by the 1984 graduating class of the University of Virginia's School of Medicine for having "displayed the greatest enthusiasm for teaching students while at

the same time inspiring them through the common experience of uncertainty assuaged by ideas."

David O'Neal, '80, Birmingham, AL, has announced plans to practice neurology at St. Vincent's Hospital. A native of Atlanta, Dr. O'Neal has completed a residency program in neurology at the Medical University of South Carolina in Charleston. O'Neal is married to the former Liza Jones of Scarborough, England.

Daniel M. Strickland, '77, San Antonio, TX, has been elected chairman of the Junior Fellow College Advisory Council (JFCAC) of the American College of Obstetrics and Gynecologists (ACOG), at the organization's 32nd Annual Clinical Meeting. As chairman of the JFCAC, Strickland will represent over 6,000 Junior Fellows who are either in an approved ob/gyn residency program or are recent graduates who have not yet completed their ob/gyn board examinations. An active member of ACOG, he has also served as the Junior Fellows' vice-chairman and was Junior Fellow Chairman of the Armed Forces District from 1982-83. From 1981 to 1983, he was a Fellow in Reproductive Endocrinology at the Cecil and Ida Green Center for Reproductive Biology at the University of Texas Southwestern Medical School, Dallas. He is presently chief of gynecologic endocrinology at the U. S. Air Force Medical Center, Lackland Air Force Base, TX.

Frank C. Wilson, '54, Chapel Hill, NC, professor and chief of the division of orthopaedics at the University of North Carolina at Chapel Hill School of Medicine, has been named second president-elect of the American Orthopaedic Association. Wilson, who has been secretary of the association since 1983, will serve as its president in 1987.

DEATHS

J. Malcolm Bazemore, MD, '35
Wilhemina Meyers Alsobrook Meeks, BSN, '63, Augusta
Frederick A. Mettler, MD, '37, Blairstown, NJ
George E. Mixon, Sr., MD, '51, Augusta
Thomas Asbury Sappington, MD, Thomaston, GA

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FAMILY PRACTICE SYMPOSIUM
March 11-16, repeated April 29-May 4
MCG Campus
School of Medicine, MCG

RELIGION PROGRAM
March 18
MCG Campus
School of Medicine, MCG

PERINATAL NURSING
March 21-22
Holiday Inn West, Augusta
Medical College of Georgia

PHARMACOLOGY
April 26
Altanta
School of Dentistry, MCG

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